

Name
in
Full

Mary Bailey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

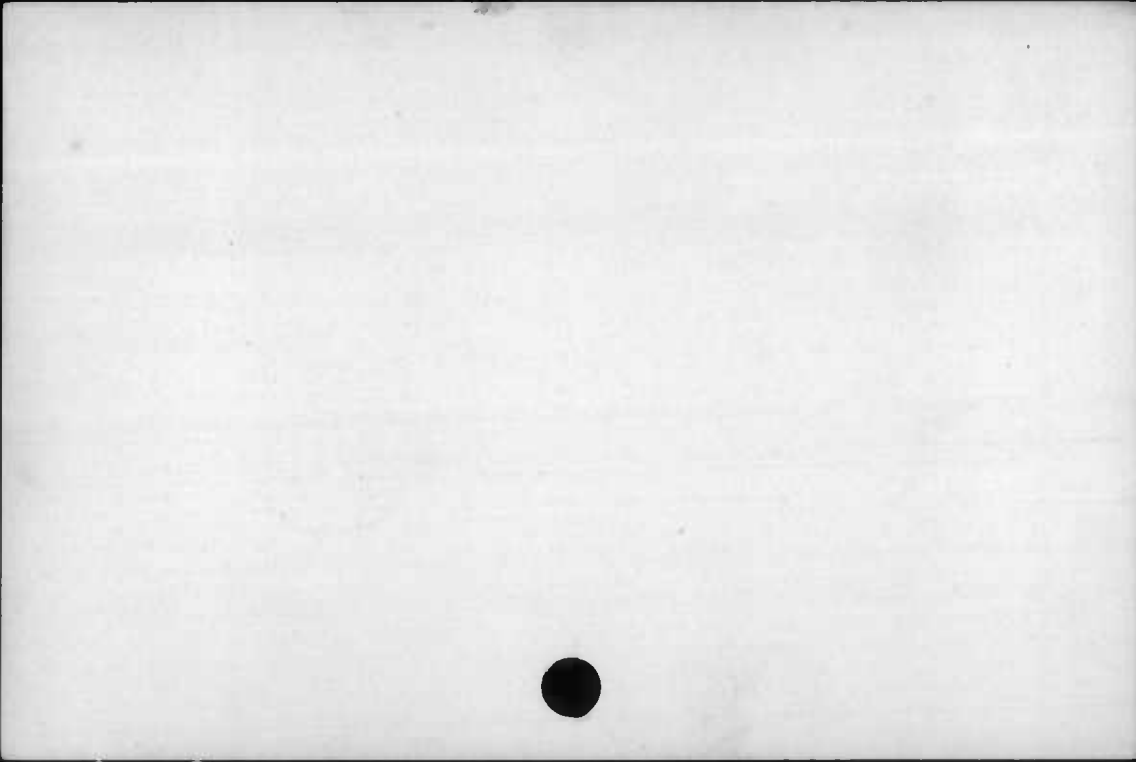
| | | | |
|--|--|----------------------------|--------------------------------|
| Died at <u>Bordova</u> Town <u>Talbot</u> County | | MARYLAND | |
| Date of death 1909 <u>April</u> Month <u>24</u> Day | | Age <u>—</u> Years | Months <u>3</u> Days <u>21</u> |
| Sex <u>Female</u> | Color or Race <u>Colored</u> | Birth-place <u>Bordova</u> | |
| Occupation <u>Infant</u> | Where Residing if not at place of death <u>Bordova</u> | | |
| Married, Single or Widowed <u>Single</u> | Name of Wife or Husband <u>—</u> | | |
| Father's Name <u>Charles Bailey</u> | Father's Birthplace <u>Saulsbury, Md.</u> | | |
| Mother's Maiden Name <u>Lucy Strother</u> | Mother's Birthplace <u>Virginia</u> | | |
| Name of person giving information <u>Lucy Bailey</u> | How related to deceased <u>Mother</u> | | |

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary <u>Unknown</u> | How long <u>2-3 days</u> |
| Immediate <u>Parental Neglect & call a Physician</u> | How long |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <u>H. M. Little</u> |
| | Address <u>Bordova</u> <u>Md.</u> |
| Accident or Suicide? | |



| | | | | | | | | | |
|---|--|--------------------------|--|--|--|---------------|--|----------------------|--|
| Name in Full | | John Banks | | | | County | | CERTIFICATE OF DEATH | |
| Died at | | Easton | | Town | | Tabor | | MARYLAND | |
| Date of death | | 1909 | | Month April | | Day 21 | | Age 21 | |
| Sex | | Male | | Color or Race | | Colored | | Birth- place | |
| Occupation | | Laborer | | Where Residing if not at place of death | | Beyford Md. | | | |
| Married, Single or Widowed | | Single | | Name of Wife or Husband | | | | | |
| Father's Name | | Unknown | | Father's Birthplace | | Beyford Md. | | | |
| Mother's Maiden Name | | Mary A. Banks | | Mother's Birthplace | | Beyford Md. | | | |
| Name of person giving In formation | | Mary A. Banks | | How related to deceased | | Mother | | | |
| | | Traumatic | | CAUSES OF DEATH | | 144 | | | |
| Primary | | Abscess (Abdominal Wall) | | How long | | Three weeks | | | |
| Immediate | | Septicemia | | How long | | One week | | | |
| Are the name, age, sex, color, date and place correctly given above? | | Yes | | Signature of Physician | | J. P. Steiner | | | |
| | | | | Address | | Easton | | | |
| Accident or Suicide? | | No | | | | | | | |



Name
in
Full

Albert Leslie Berry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

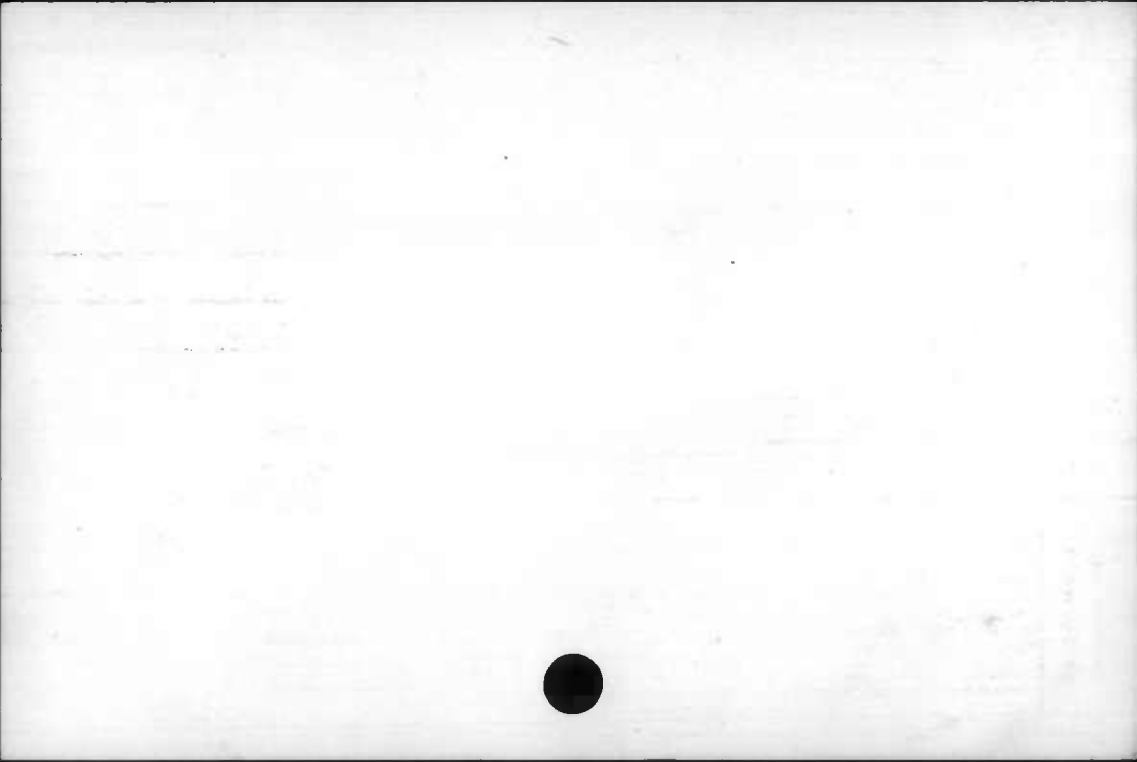
| | | | | | | | |
|-----------------------------------|--|---|-----|-------------------------|-------|----------|------|
| Died at | | Town <i>Easton</i> | | County <i>Talbot</i> | | MARYLAND | |
| Date of death | | Month | Day | Age | Years | Months | Days |
| 1909 | | April | 6th | 9 | 9 | | 1 |
| Sex | | Color or Race | | Birthplace | | | |
| Male | | Cord | | King's Creek | | | |
| Occupation | | Where Residing if not at place of death | | | | | |
| None | | King's Creek | | | | | |
| Married, Single or Widowed | | Name of Wife or Husband | | | | | |
| Child | | Bernice Adeline Berry | | | | | |
| Father's Name | | Father's Birthplace | | | | | |
| Frank Berry | | Long Woods | | | | | |
| Mother's Maiden Name | | Mother's Birthplace | | | | | |
| Bernice Adeline Warner | | Cordova | | | | | |
| Name of person giving Information | | How related to deceased | | | | | |
| Frank Berry | | Father & Mother | | | | | |

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

| | | | |
|--|-------------------------|----------------------------|---------------|
| Primary | <i>Pneumonia</i> | How long | <i>4 days</i> |
| Immediate | <i>Heart exhaustion</i> | How long | <i>1 hour</i> |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| Yes | | <i>Robert Rayford M.D.</i> | |
| | | Address | |
| | | <i>Easton, Md.</i> | |
| Accident or Suicide | | | |
| No | | | |



Name
in
Full

Nicholas Briscoe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

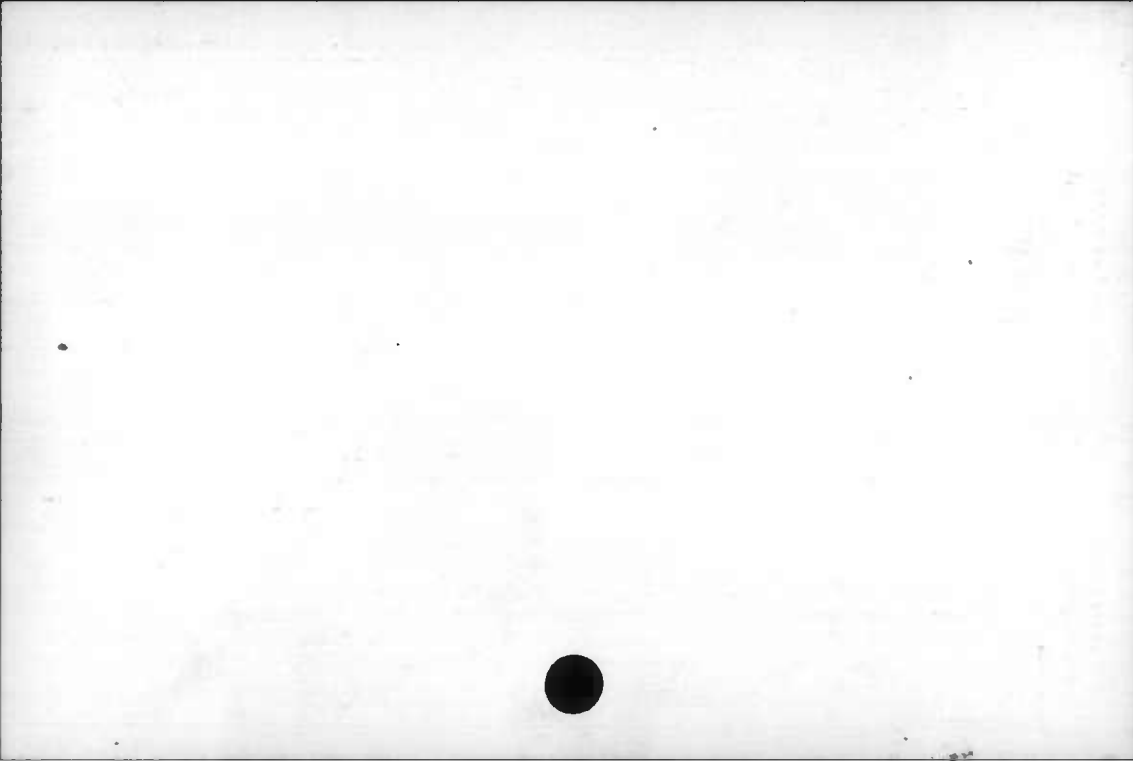
| | | | | | | | |
|-----------------------------------|--|---|-----|------------|-------|----------|------|
| Died at | | Town | | County | | MARYLAND | |
| Date of death | | Month | Day | Age | Years | Months | Days |
| 1909 | | April | 22 | 71 | | | |
| Sex | | Color or Race | | Birthplace | | | |
| male | | Negro | | Trappe | | | |
| Occupation | | Where Residing if not at place of death | | | | | |
| Farm hand | | Trappe | | | | | |
| Married, Single or Widowed | | Name of Wife or Husband | | | | | |
| Married | | Charlotte Briscoe | | | | | |
| Father's Name | | Father's Birthplace | | | | | |
| Nathan Briscoe | | Trappe | | | | | |
| Mother's Maiden Name | | Mother's Birthplace | | | | | |
| Charlotte Brice | | Trappe | | | | | |
| Name of person giving Information | | How related to deceased | | | | | |
| Nathan Briscoe | | Son | | | | | |

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

| | | | |
|--|-------------------------|------------------------|-----------------|
| Primary | Violent physical effort | How long | about half hour |
| Immediate | Cerebral Hemorrhage | How long | 8 hours |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| Yes | | Jas. L. McCormick | |
| | | Address | |
| | | Trappe | |
| | | Md | |
| Accident or Suicide | | | |



Name
in
Full

Eli Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|--------------|---------------|-------|---|--------------|---------|------|
| Died at | | Town | | County | | MAYLAND | |
| Date of death | | Month | Day | Age | Years | Months | Days |
| 1909 | | Apr | 30 | 75 | | | |
| Sex | Male | Color or Race | Black | Birth-place | Queen Anne's | | |
| Occupation | Laborer | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | Widower | | | Name of Wife or Husband | | | |
| Mary Ellen Brown (Dead) | | | | | | | |
| Father's Name | Don't Know | | | Father's Birthplace | | | |
| Unknown | | | | | | | |
| Mother's Maiden Name | " | | | Mother's Birthplace | | | |
| Unknown | | | | | | | |
| Name of person giving Information | Thomas Brown | | | How related to deceased | | | |
| Son | | | | | | | |

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

| | | | |
|--|----------|------------------------|--------------------------|
| Primary | Old age | How long | Not long |
| Immediate | Apoplexy | How long | 6 hours |
| Are the name, age, sex, color, date and place correctly given above? | Yes | Signature of Physician | Coroner John B. Fairbank |
| | | Address | Easton Md. |
| Accident or Suicide | | | |



Name
in
Full

Not Named Brunner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--------|--------------------|---------|-------------------------|-----------|----------|-----------------|
| Died at <i>near Royal Oak</i> | | Town <i>Talbot</i> | | County | | MARYLAND | |
| Date of death | 1909 | Month | 4 | Day | 25 | Age | 25 0 |
| Sex | Female | Color or Race | Colored | Months | 0 | Days | 7 |
| Occupation | | | | Birth-place | Royal Oak | | |
| Where Residing if not at place of death | | | | | | | |
| Married, Single or Widowed | | | | Name of Wife or Husband | | | |
| Father's Name | | | | Father's Birthplace | | | |
| Mother's Maiden Name | | | | Mother's Birthplace | | | |
| Name of person giving Information | | | | How related to deceased | | | |

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

| | | | |
|--|------------------------|------------------------|---------------|
| Primary | <i>Premature birth</i> | How long | |
| Immediate | <i>Weakness</i> | How long | <i>7 days</i> |
| Are the name, age, sex, color, data and place correctly given above? | | Signature of Physician | |
| <i>Yes</i> | | <i>Saml B. Trippe</i> | |
| | | Address | |
| | | <i>Royal Oak Md</i> | |
| Accident or Suicide | | | |



Name
in
Full

Hoyd, Dr Brumell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|--|--|---------------------------------|---------------|-------------------------------|
| Died at <i>Deep Neck,</i> | | County <i>Talbot</i> | | MARYLAND | |
| Date of death | 190 <i>6</i> | Month <i>April</i> | Day <i>26</i> | Age <i>74</i> | Months <i>—</i> Days <i>—</i> |
| Sex <i>Male</i> | Color or Race <i>Colored</i> | | Birth-place <i>Talbot co md</i> | | |
| Occupation <i>Farmer</i> | | Where Residing if not at place of death <i>—</i> | | | |
| Married, Single or Widowed <i>Married</i> | Name of Wife or Husband <i>Harriet Brumell</i> | | | | |
| Father's Name <i>Henry Brumell</i> | Father's Birthplace <i>Talbot co md</i> | | | | |
| Mother's Maiden Name <i>Marietta Stevens</i> | Mother's Birthplace <i>Talbot co md</i> | | | | |
| Name of person giving information <i>Harriet Brumell</i> | How related to deceased <i>wife</i> | | | | |

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Acute indigestion</i> | How long <i>25 days</i> |
| Immediate <i>Prostration</i> | How long <i>10 days</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Samuel C. Triplett</i> |
| | Address <i>Royal Oak, Md</i> |
| Accident or Suicide? | |



Name
in
Full

Ally Flamer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|---|---|--|---------------------------|--|
| Died at <u>Loftsville</u> <small>Town</small> | | <u>Talbot</u> <small>County</small> | | MARYLAND | |
| Date of death <u>1909</u> <small>Month</small> <u>June</u> <small>Day</small> <u>29</u> | | Age <u>65</u> <small>Years</small> | | <u>Months</u> <u>Days</u> | |
| Sex <u>Male</u> | Color or Race <u>Black</u> | Birth-place <u>Loftsville</u> | | | |
| Occupation <u>Labr</u> | | Where Residing if not at place of death | | | |
| Married, Single or Widowed <u>Married</u> | Name of Wife or Husband <u>Charlotte Flamer</u> | | | | |
| Father's Name <u>Isaac Flamer</u> | | Father's Birthplace <u>Loftsville</u> | | | |
| Mother's Maiden Name <u>do not know</u> | | Mother's Birthplace <u>Loftsville</u> | | | |
| Name of person giving information <u>John Flamer</u> | | How related to deceased <u>Son</u> | | | |

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

| | | | |
|--|----------------------|--|-----------------|
| Primary | <u>Influenza</u> | How long | <u>One week</u> |
| Immediate | <u>Heart failure</u> | How long | <u>One day</u> |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician <u>A. Drummheller</u> | |
| | | Address <u>Easton Ind.</u> | |
| Accident or Suicide | | | |



Name
in
Full

Emma Lucretia Gibson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

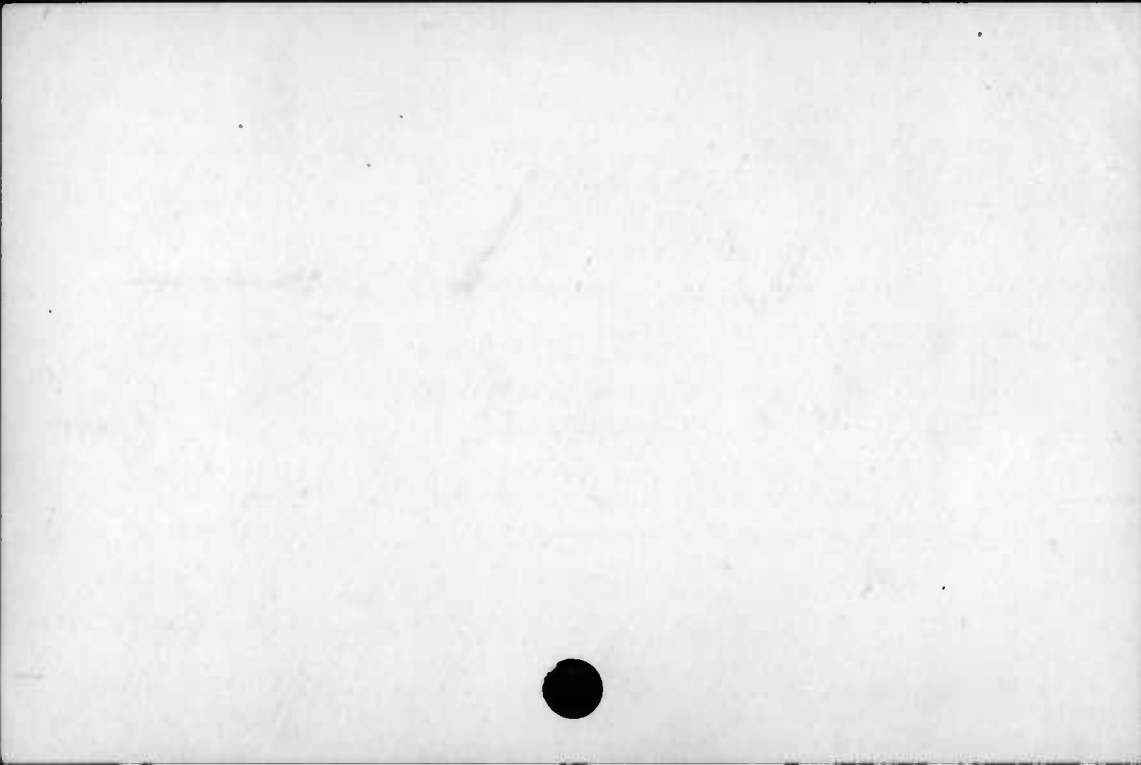
| | | | | | |
|--|-------------------------------|---|---|------------------------|--------------------------------------|
| Died at <u>Oxford</u> Town | | <u>Talbot Co</u> County | | MARYLAND | |
| Date of death | <u>1909</u> | Month <u>4</u> | Day <u>8</u> | Age <u>65</u> Years | Months <u>2</u> Days <u>19</u> |
| Sex <u>Female</u> | Color or Race <u>White</u> | | Birth-place <u>Baltimore</u> | | |
| Occupation <u>House wife</u> | | | Where Residing if not at place of death | | |
| Married, Single or Widowed <u>Married</u> | | Name of Wife or Husband <u>Richard F. Gibson</u> | | | |
| Father's Name <u>John L. Blizzard</u> | | | Father's Birthplace <u>Penn</u> | | |
| Mother's Maiden Name <u>Bertrude Jenkins</u> | | | Mother's Birthplace <u>Saulberry</u> | | |
| Name of person giving information <u>Maggie Horan</u> | | | How related to deceased <u>Niece</u> | | |

CAUSES OF DEATH

93 +

PHYSICIAN
OR CORONER

| | | | |
|--|----------------------|--------------------------|----------------|
| Primary | <u>Pneumonia</u> | How long | <u>7 day's</u> |
| Immediate | <u>Heart failure</u> | How long | <u>4 hours</u> |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| <u>Yes</u> | | <u>Ludler P. Roberts</u> | |
| | | Address | |
| | | <u>Oxford</u> | |
| | | <u>Talbot Co.</u> | |
| Accident or Suicide? | | | |



Name
in
Full

Richard Franklin Gibson

CERTIFICATE OF DEATH

Died at *Oxford* TcwnCounty *Talbot*

MARYLAND

Date
of death *1909*Month
*4*Day
*3*Age
*69*Months
*1*Days
*29*Sex *Male*Color or
Race *White*Birth-
place *Tilghman Island*Occupation *Oysterman*Where Residing if not
at place of deathMarried, Single
or Widowed *Married*Name of Wife or
Husband *Emma J. Gibson*Father's
Name *Richard J. Gibson*Father's
Birthplace *Sumner Co*Mother's
Maiden Name *Ann. M. Sinclair Bizzard*Mother's
Birthplace *" "*Name of person giving
In formation *Martin Leppard*How related
to deceased *Sister*

CAUSES OF DEATH

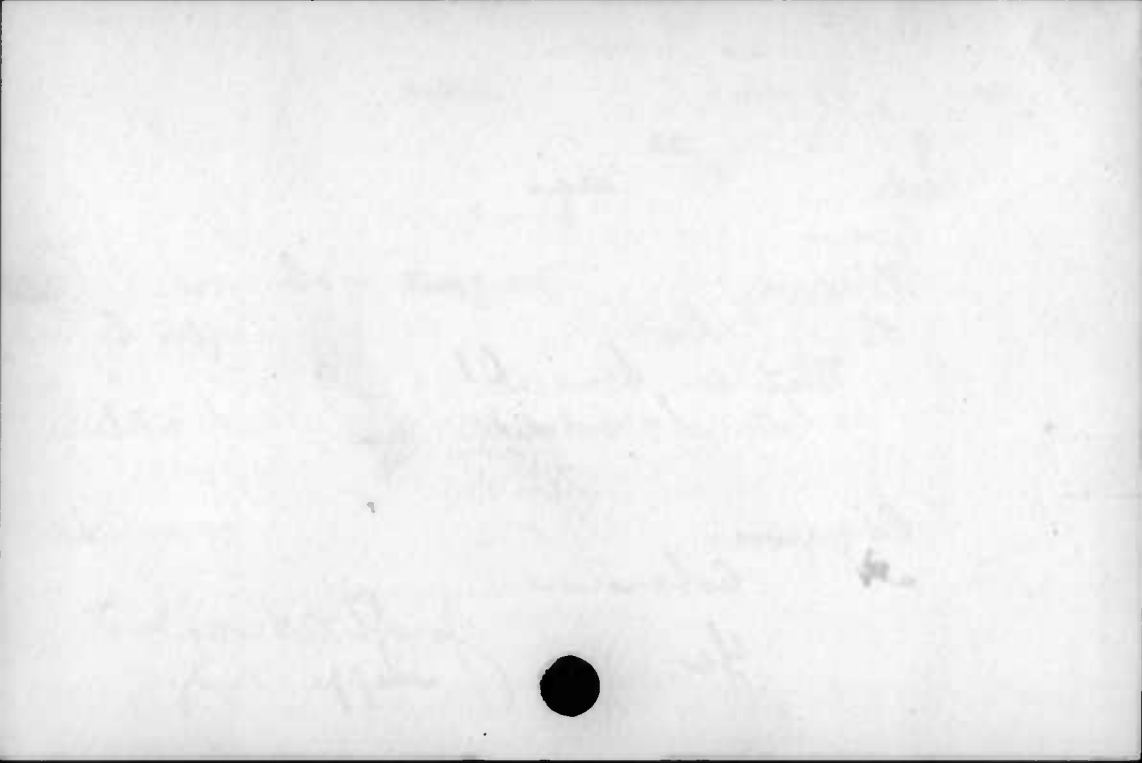
*93*Primary *Typhoid Pneumonia*How long
*9 days*Immediate *Heart-failure*How long
*6 hours*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*J. B. Roberts**Oxford**Talbot Co*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Nettie Helfrich

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

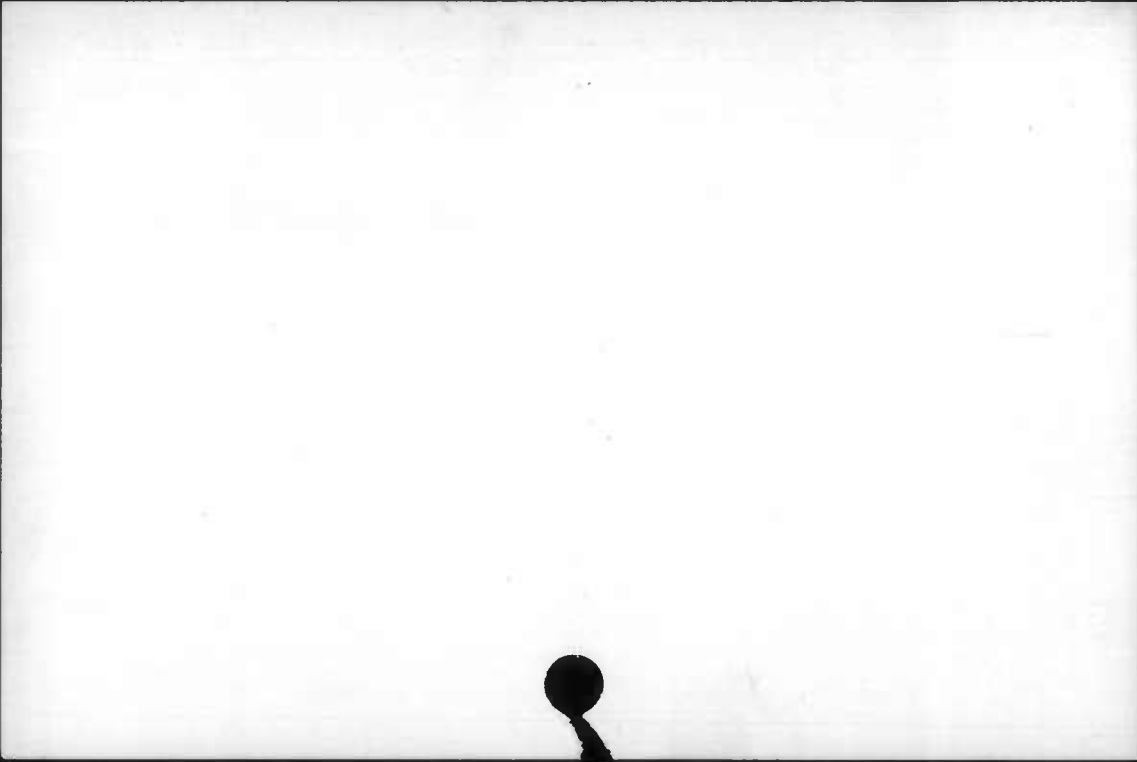
| | | | | | | | |
|---|----------------------------|---|--|----------------------|-----------------|----------------|--|
| Died near <i>Grappe</i> | | Town <i>Grappe</i> | | County <i>Salboe</i> | | MARYLAND | |
| Date of death <i>1909</i> | Month <i>4</i> | Day <i>16</i> | Age <i>33</i> | Years | Months <i>1</i> | Days <i>12</i> | |
| Sex <i>Female</i> | Color or Race <i>White</i> | | Birthplace <i>Dorchester Co. Md</i> | | | | |
| Occupation <i>Housewife</i> | | | Where Residing if not at place of death <i>_____</i> | | | | |
| Married, Single or Widowed <i>Married</i> | | Name of Wife or Husband <i>Richard Helfrich</i> | | | | | |
| Father's Name <i>George H. Duv-</i> | | | Father's Birthplace <i>Dorchester Co. Md</i> | | | | |
| Mother's Maiden Name <i>Unknown</i> | | | Mother's Birthplace | | | | |
| Name of person giving Information <i>Richard Helfrich</i> | | | How related to deceased <i>Husband</i> | | | | |

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Tuberculosis of Pharynx & Palate</i> | How long <i>6 months</i> |
| Immediate <i>Tuberculosis of Lung & bowels</i> | How long <i>3 "</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Joseph A. Ross M.D.</i> |
| | Address <i>Grappe, Salboe Co. Md</i> |
| Accident or Suicide | |



Name
in
Full

John H Holmes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|--|-------------------------|-----|---|--------|----------|--|
| Disd at | | Town | | County | | MARYLAND | |
| Date of death | | Month | Day | Years | Months | Days | |
| 1909 | | Apr | 30 | Age | 22 | | |
| Sex | | Color or Race | | Birth-place | | | |
| Male | | Black | | Easton Md | | | |
| Occupation | | | | Where Residing if not at place of death | | | |
| Porter | | | | | | | |
| Marrisd, Single or Widowed | | Name of Wife or Husband | | | | | |
| Mamed | | Lidia Holmes | | | | | |
| Father's Nems | | | | Father's Birthplace | | | |
| Brown Holmes | | | | Dachules | | | |
| Mother's Maiden Nems | | | | Mother's Birthplace | | | |
| Kate Holmwood | | | | Snapp | | | |
| Name of person giving Information | | | | How related to deceased | | | |
| Brown Holmes | | | | father | | | |

CAUSES OF DEATH

27

| | | | |
|--|----------------------|-------------------------|---------|
| Primary | Pulmonary Thrombosis | How long | 6 weeks |
| Immediate | Cordial Asthenia | How long | 1 week |
| Are the name, age, sex, color, date and place correctly given above? | | Signatures of Physician | |
| yes | | P. L. Travers | |
| | | Address | |
| | | Easton, Md. | |
| Accident or Suicide | | | |

PHYSICIAN
OR CORONER



Name
in
Full

Ida Lee Hunter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

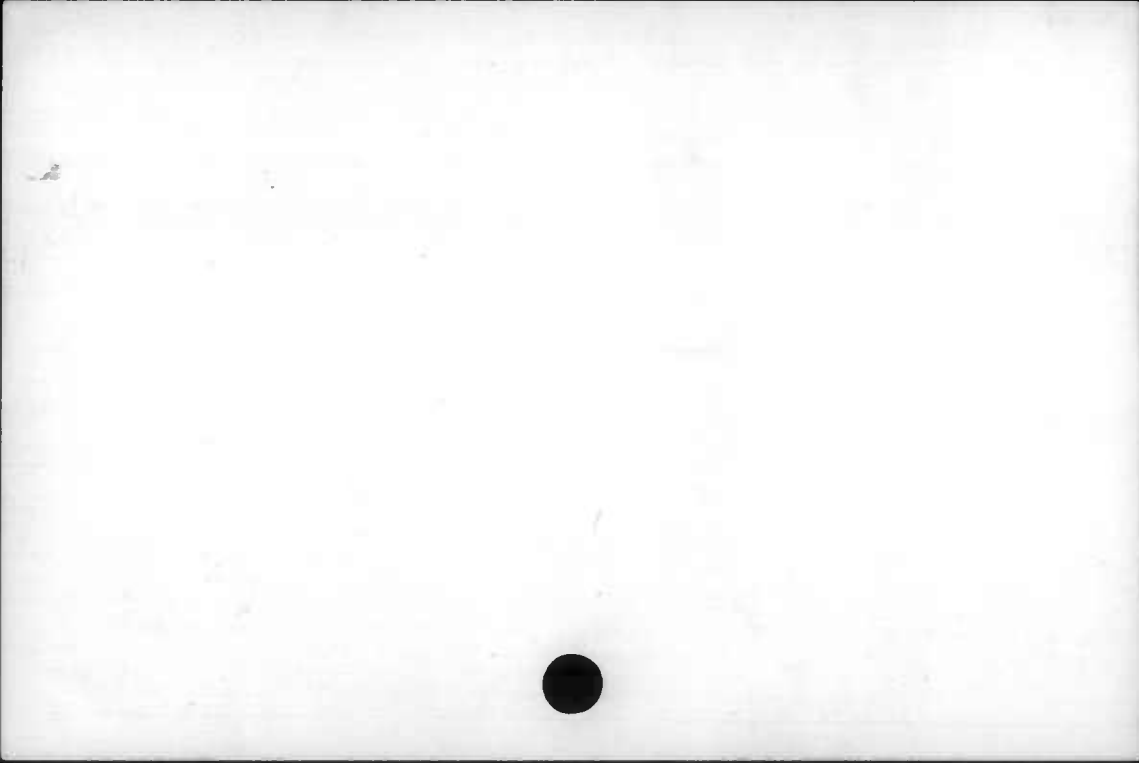
| | | | | | |
|---|---|--|------------------------------|------------------------------------|--------------------------------|
| Died at <u>Easton</u> <small>Town</small> | | <u>Talbot Co</u> <small>County</small> | | MARYLAND | |
| Date of death | <u>1909</u> <small>Year</small> | <u>April</u> <small>Month</small> | <u>19</u> <small>Day</small> | Age <u>35</u> <small>Years</small> | <u>1</u> <small>Months</small> |
| Sex <u>Female</u> | Color or Race <u>White</u> | Birth-place <u>Unknown</u> | | | |
| Occupation <u>Housewife</u> | Where Residing if not at place of death | | | | |
| Married, Single or Widowed <u>Married</u> | Name of Wife or Husband <u>Clarence W. Hunter</u> | | | | |
| Father's Name <u>Winter Seibert</u> | Father's Birthplace <u>Washington Co Maryland</u> | | | | |
| Mother's Maiden Name <u>Josephine J. Seibert</u> | Mother's Birthplace <u>Savannah Ga</u> | | | | |
| Name of person giving Information <u>Clarence W. Hunter</u> | How related to deceased <u>Husband</u> | | | | |

CAUSES OF DEATH

①

| | | | |
|--|----------------------|------------------------|--------------------------|
| Primary | <u>Typhoid fever</u> | How long | <u>4 weeks</u> |
| Immediate | <u>Peritonitis</u> | How long | <u>4 or 5 days</u> |
| Are the name, age, sex, color, date and place correctly given above? | <u>yes</u> | Signature of Physician | <u>Robt Hays Cochran</u> |
| | | Address | <u>Easton, Md.</u> |
| Accident or Suicide | <u>no.</u> | | |

PHYSICIAN
OR CORONER



Name
in
Full

Martha J Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Cordova Talbot

MARYLAND

Date

of death

1909

Month

4

Day

26

Age

Years

72

Months

7

Days

Sex

Female

Color or
Race

White

Birth-
place

Unknown

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Widow

Name of Wife or
Husband

E. Jackson

Father's
Name

Peter Wright

Father's
Birthplace

Caroline Co.

Mother's
Maiden Name

Priscilla Collins

Mother's
Birthplace

"

"

Name of person giving
Information

Henry L. Lednum

How related
to deceased

Son

CAUSES OF DEATH

120

Primary

Bright's disease

How long

Seven years

Immediate

Heart failure

How long

—

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

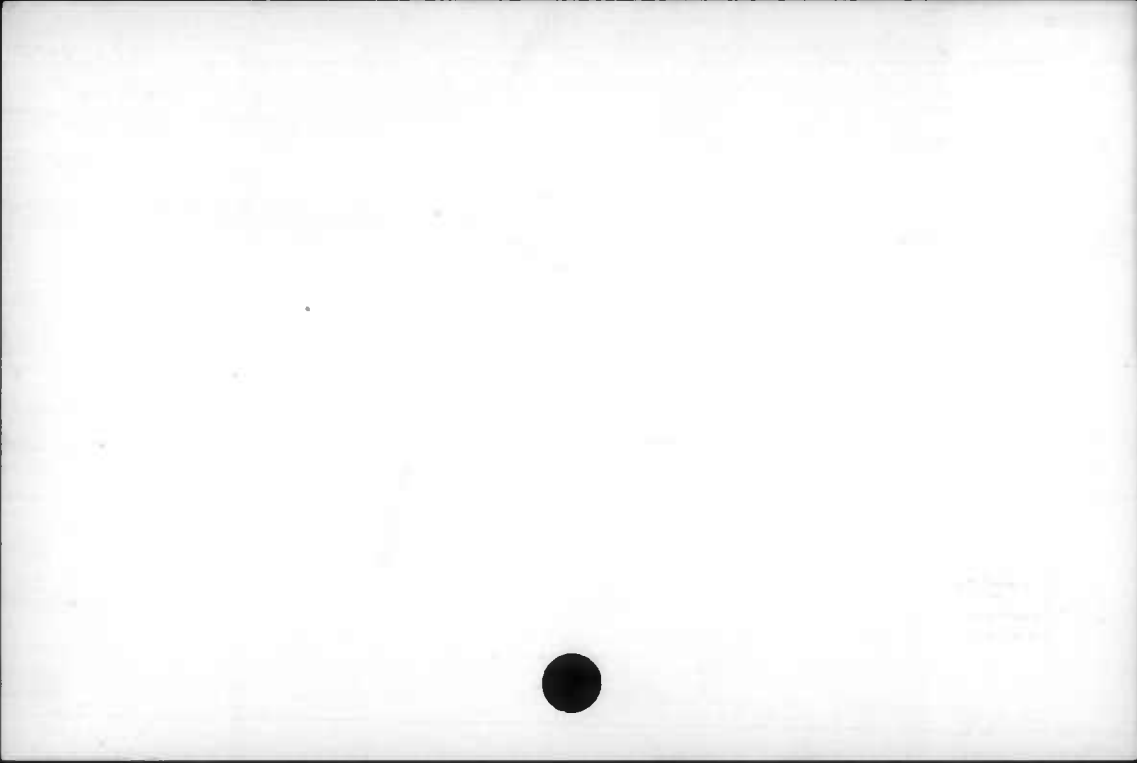
J. H. Stevens,
Easton

Accident or Suicide

No

Med.

PHYSICIAN
OR CORONER



Name
in
Full

Grace Douglas Johnson

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Easton

Pallot-

Date

Month

Day

Years

Months

Days

of death 1909

April

13

Age

1

~~4~~ 1

3

Sex

Female

Color or
Race

Colored

Birth-
place

Philadelphia Pa

Occupation

None

Where Residing if not
at place of death

Easton

Married, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Susie Hines

Mother's
Birthplace

Easton

Name of person giving
Information

Mary J. Johnson

How related
to deceased

Grandmother

CAUSES OF DEATH

90

Primary

Bronchitis

How long

Also not known

Immediate

Exhaustion

How long

—

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

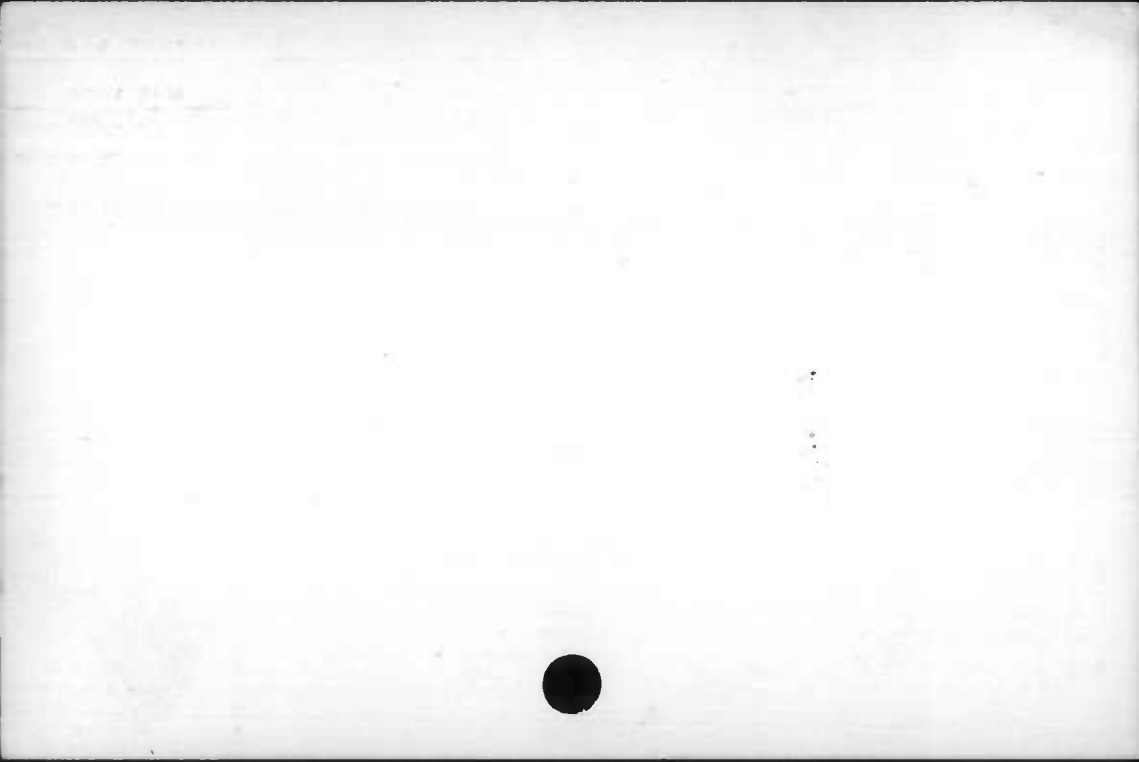
J. H. Stevens
Easton

Accident or Suicide

No Yes

Met

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

John. H. Le Compte.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Royal Oak* ^{County} *Talbot* **MARYLAND**

Date of death 1909 ^{Month} *April* ^{Day} *2.* Age ^{Years} *73* ^{Months} *4* ^{Days} *20*

Sex *Male* Color or Race *White* Birth-place *Lor. Co.*

Occupation *Farmer* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Rebecca Le. Compte*

Father's Name *Wm. J. Le. Compte* Father's Birthplace *Lor. Co.*

Mother's Maiden Name *Rebecca Greenhawk* Mother's Birthplace *Talbot Co.*

Name of person giving information *William Le. Compte Jr.* How related to deceased *Son.*

CAUSES OF DEATH

123

PHYSICIAN
OR CORONER

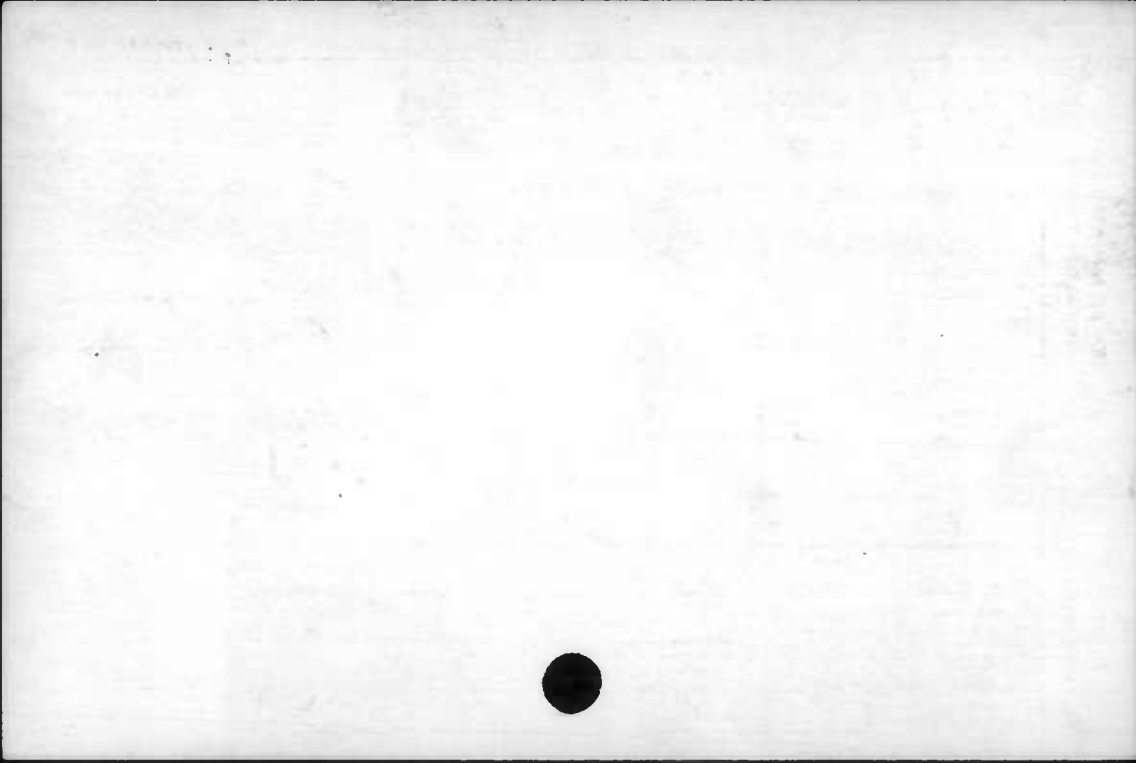
Primary *Oculo - Cystitis* How long *2 mo*

Immediate *Asthenia - Coma* How long

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Samuel B. Lipper*

Address *Royal Oak Md*

Accident or Suicida *—*



Name
in
Full

Almira Eugenia Leonard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

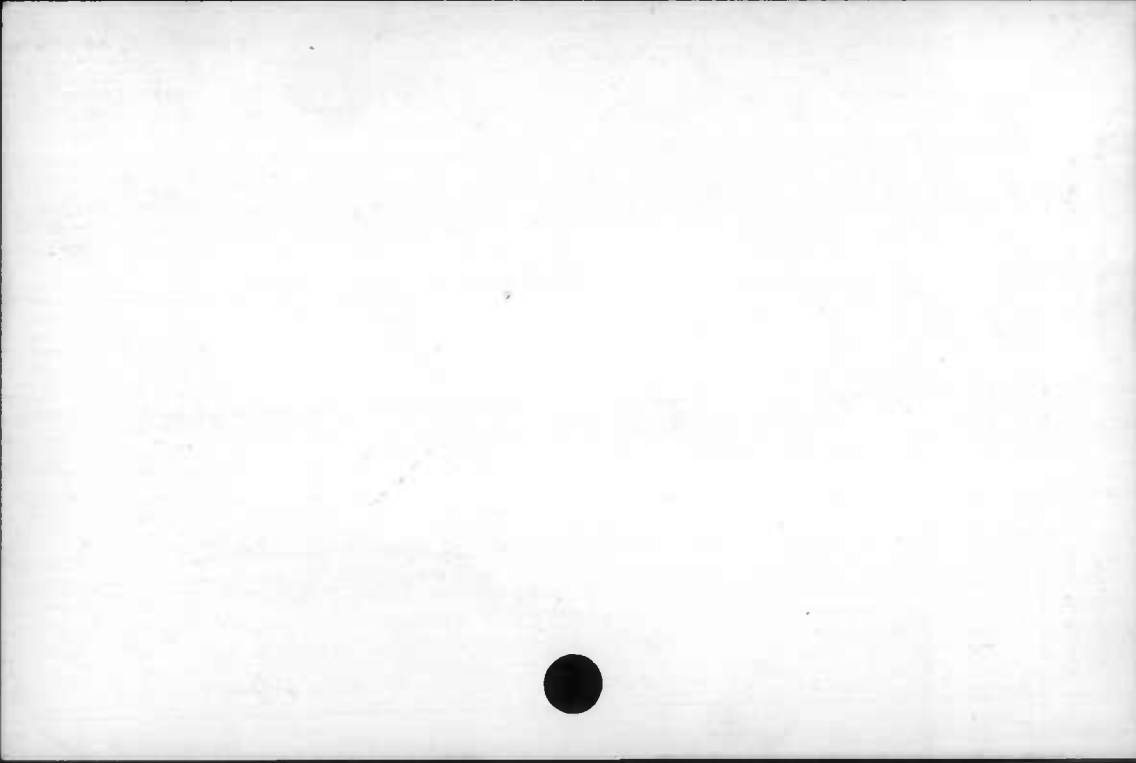
| | | | | | | | |
|-----------------------------------|--|-------------------------|-----|---|-------|----------|------|
| Died at | | Town | | County | | MARYLAND | |
| Trappe | | | | Talbot | | | |
| Date of death | | Month | Day | Age | Years | Months | Days |
| 190 | | Apr | 19 | 76 | | 3 | |
| Sex | | Color or Race | | Birthplace | | | |
| Female | | White | | Talbot Co | | | |
| Occupation | | | | Where Residing if not at place of death | | | |
| Farmer's wife | | | | Trappe | | | |
| Married, Single or Widowed | | Name of Wife or Husband | | | | | |
| Married | | Samuel. N. Leonard | | | | | |
| Father's Name | | | | Father's Birthplace | | | |
| Henry Lloyd | | | | Talbot Co | | | |
| Mother's Maiden Name | | | | Mother's Birthplace | | | |
| Solan Clark Rags | | | | Talbot Co | | | |
| Name of person giving Information | | | | How related to deceased | | | |
| Atkinson. L. Leonard | | | | Son | | | |

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

| | | | |
|--|-----------|------------------------|----------|
| Primary | Nephritis | How long | Unknown |
| Immediate | Coma | How long | 10 hours |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| Yes | | Jas. L. McCormick | |
| | | Address | |
| | | Trappe | |
| Accident or Suicide | | md | |



Name
in
Full

Rebecca Mae Blotter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|---|---|----------------------------------|----------|------|
| Died <i>Mar</i> <i>Suppe</i> | | County <i>Salbot</i> | | MARYLAND | |
| Date of death <i>1909</i> | Month <i>4</i> | Day <i>3</i> | Age <i>26</i> | Months | Days |
| Sex <i>Female</i> | Color or Race <i>negro</i> | | Birth-place <i>Salbot Co. Md</i> | | |
| Occupation <i>Housewife</i> | | Where Residing if not at place of death | | | |
| Married, Single or Widowed <i>married</i> | Name of Wife or Husband <i>John Mae Blotter</i> | | | | |
| Father's Name <i>Frank Bennett</i> | Father's Birthplace <i>Salbot Co. Md</i> | | | | |
| Mother's Maiden Name <i>Mary Ann</i> | Mother's Birthplace <i>" " "</i> | | | | |
| Name of person giving Information <i>John Mae Blotter</i> | | How related to deceased <i>Husband</i> | | | |

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

| | |
|--|---|
| Primary <i>Acute Pulmonary Tuberculosis</i> | How long <i>3 months</i> |
| Immediate <i>Exhaustion</i> | How long |
| Are the name, age, sex, color, data and place correctly given above? | Signature of Physician <i>Joseph A. Ross M.D.</i> |
| <i>Yes.</i> | Address <i>Suppe, Md</i> |
| Accident or Suicide | |



Name
in Full

Mary Matilda Mooney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|------------------------|----------------|---|-----|-------------|------|
| Died at | | Town Hoffmanville | | County Talbot | | MARYLAND | |
| Date of death | | 1909 | Month April | Day 6 | Age | Months 5 | Days |
| Sex Female | | Color or Race Black | | Birthplace Talbot Co | | | |
| Occupation | | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | | | | Name of Wife or Husband | | | |
| Father's Name John Mooney | | | | Father's Birthplace Talbot Co | | | |
| Mother's Maiden Name Mary E. Moore | | | | Mother's Birthplace Talbot Co | | | |
| Name of person giving Information John Mooney | | | | How related to deceased father | | | |

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

| | | | | |
|--|-----------------|-----|---|--------|
| Primary | Intussusception | | How long | 3 days |
| Immediate | Exhaustion | | How long | 2 days |
| Are the name, age, sex, color, date and place correctly given above? | | Yes | Signature of Physician S. S. Wellson | |
| | | | Address Easton Md. | |
| Accident or Suicide | | | | |



Name
in
Full

Infant Child - Geo. Henry Pinkett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Easton Town Talbot County X MARYLAND

Date of death 1909 April Month 5 Day 7 Age 0 Years 0 Months 19 Days

Sex Male Color or Race Black Birth-place Easton

Occupation None Where Residing if not at place of death Same

Married, Single — or ~~Widowed~~ Name of Wife or Husband —

Father's Name Waymon R. Gisen Father's Birthplace Easton

Mother's Maiden Name Lena Pinkett Mother's Birthplace Paulsberry

Name of person giving Information George H. Dobson How related to deceased Father-in-law

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

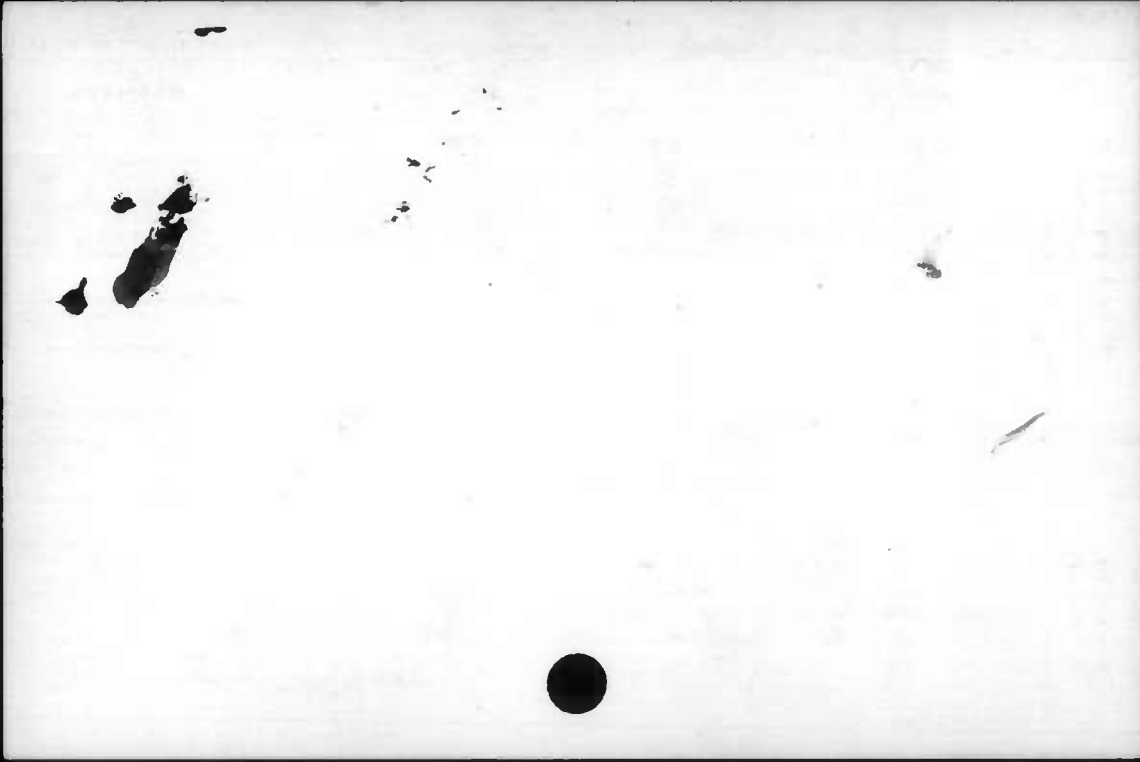
Primary Premature birth 7 mos How long 19 days

Immediate Exhaustion How long Several days

Are the name, age, sex, color, date and place correctly given above? Signature of Physician E. R. Typer M.D.

Address Easton Md

Accident or Suicide this is the statement of midwife -



Name
in
Full

Eula V. Sinclair

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

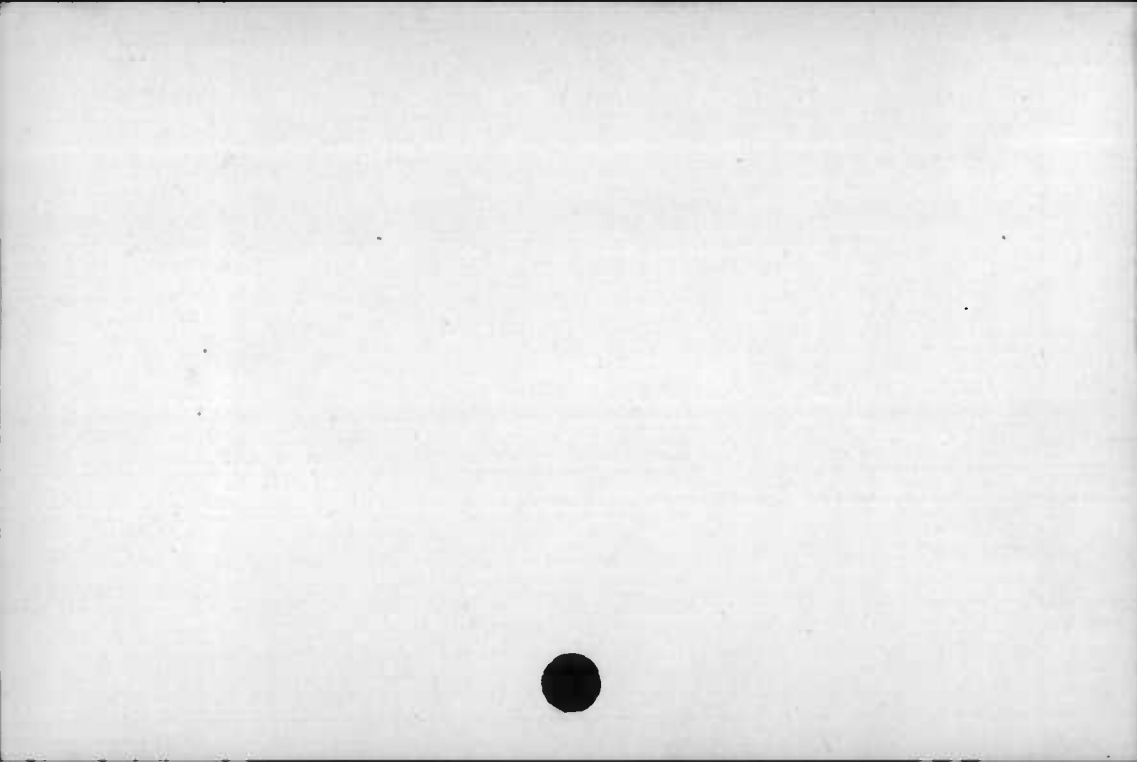
| | | | | | |
|---|---|----------------------|---|-----------|----------|
| Died at <i>Easton</i> Town | | <i>Talbot</i> County | | MARYLAND | |
| Date of death | Month | Day | Years | Months | Days |
| <i>1909</i> | <i>April</i> | <i>11</i> | <i>24</i> | <i>11</i> | <i>8</i> |
| Sex <i>Female</i> | Color or Race <i>White</i> | | Birth-place <i>Talbot Co.</i> | | |
| Occupation <i>Housewife</i> | | | Where Residing if not at place of death <i>Clairborne</i> | | |
| Married, Single or Widowed <i>Married</i> | Name of Wife or Husband <i>John B. Sinclair</i> | | | | |
| Father's Name <i>L. T. Jamant</i> | Father's Birthplace <i>Harford Co.</i> | | | | |
| Mother's Maiden Name <i>Alice W. Harrison</i> | Mother's Birthplace <i>Talbot Co.</i> | | | | |
| Name of person giving information <i>John B. Sinclair</i> | | | How related to deceased <i>Husband</i> | | |

CAUSES OF DEATH

167

PHYSICIAN
OR CORONER

| | | | |
|---|----------------------------------|---|----------|
| Primary | <i>Burns were caused by fire</i> | How long | <i>—</i> |
| Immediate | <i>Burned over entire body</i> | How long | <i>—</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | | Signature of Physician <i>J. H. [Signature]</i> | |
| | | Address <i>[Redacted]</i> | |
| Accident or Suicide? <i>Accident</i> | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|----------------------------|--|---|----------------|-----------------|------------------|------|
| Died at <i>Trappe</i> Town | | County <i>Salbre</i> | | MARYLAND | | | |
| Date of death | 1909 | Month <i>4</i> | Day <i>10</i> | Age <i>70.</i> | Years <i>8.</i> | Months <i>22</i> | Days |
| Sex <i>Male</i> | Color or Race <i>White</i> | | Birth-place <i>Caroline Co. Md</i> | | | | |
| Occupation <i>Farmer</i> | | | Where Residing if not at place of death | | | | |
| Married, Single or Widowed <i>Married.</i> | | Name of Wife or Husband <i>Eliza Ross.</i> | | | | | |
| Father's Name <i>Andrew Sullivan</i> | | Father's Birthplace <i>Caroline Co. Md</i> | | | | | |
| Mother's Maiden Name <i>Susan Stevens</i> | | Mother's Birthplace " " " | | | | | |
| Name of person giving Information <i>Eliza Sullivan</i> | | How related to deceased <i>wife</i> | | | | | |

CAUSES OF DEATH

74

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Cerebral Sclerosis.</i> | How long <i>3 months</i> |
| Immediate <i>Exhaustion</i> | How long <i>—</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>Joseph A. Ross M.D.</i> |
| | Address <i>Trappe. Md</i> |
| Accident or Suicide | |



Name
in
Full

Annie Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

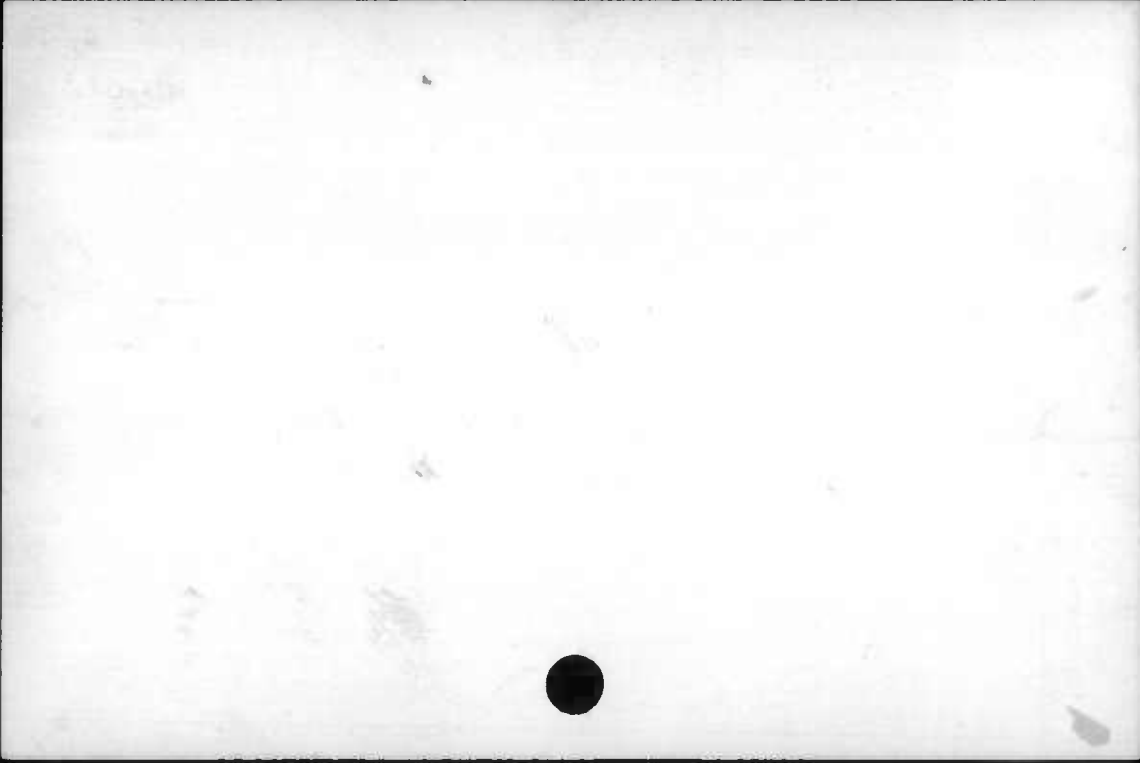
| | | | | | | | |
|-----------------------------------|-------------------|-------|---|------------|-------------------------|-------------|-----------|
| Died at | | Town | | County | | MARYLAND | |
| Date of death | | Month | Day | Age | Years | Months | Days |
| 1909 | | Apr | 8 | Unknown | | — | — |
| Sex | Female | | Color or Race | Negro | | Birth-place | Talbot Co |
| Occupation | Wash woman | | Where Residing if not at place of death | | Trafpe | | |
| Married, Single or Widowed | Single | | Name of Wife or Husband | Geo Thomas | | | |
| Father's Name | George Bantam | | | | Father's Birthplace | Talbot Co | |
| Mother's Maiden Name | Unknown | | | | Mother's Birthplace | Unknown | |
| Name of person giving Information | Charles Young | | | | How related to deceased | Sore in law | |

CAUSES OF DEATH

144

PHYSICIAN
OR CORONER

| | | | | |
|--|-----------------------|-----|------------------------|-------------------|
| Primary | Large abscess on back | | How long | 6 weeks |
| Immediate | Unknown | | How long | Unknown |
| Are the name, age, sex, color, date and place correctly given above? | | Yes | Signature of Physician | Geo. L. McCormick |
| | | | Address | Trafpe. Md. |
| Accident or Suicide | | | | |



Name
in
Full

William H. Tilghman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

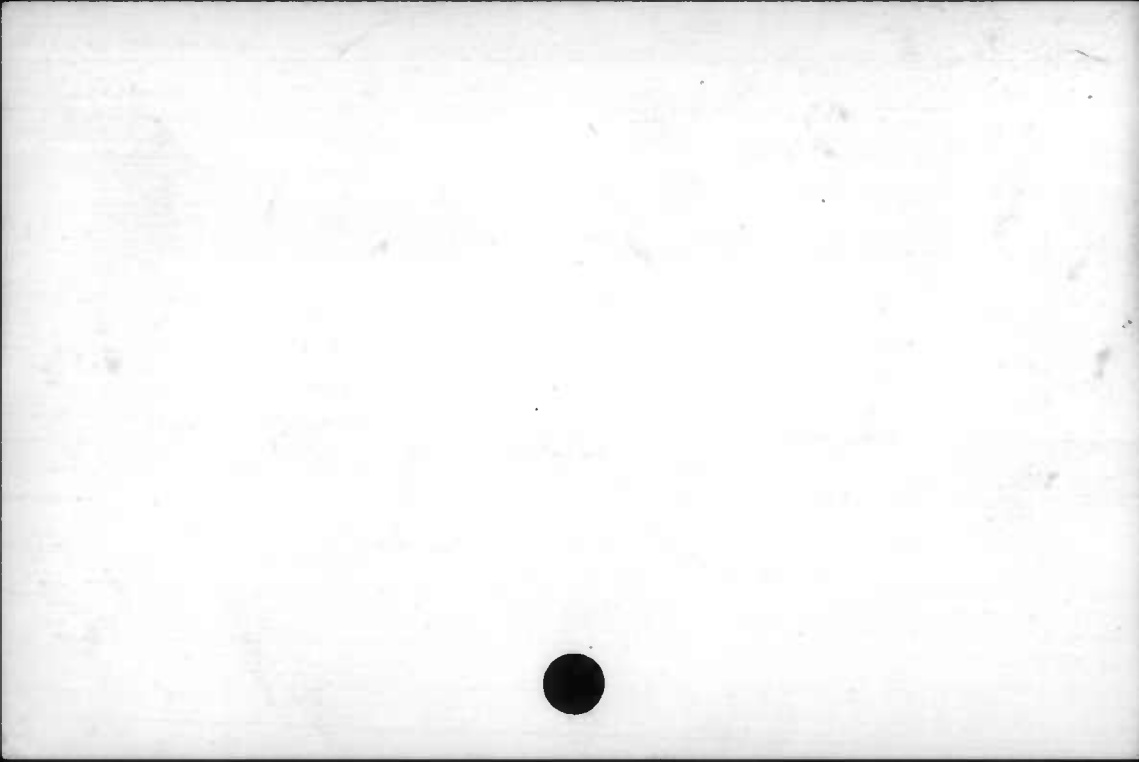
| | | | | | | | |
|---|--|------------------------------|--|--|--|-----------------|--|
| Died at <i>Near Chapel</i> | | Town <i>Falbot</i> | | County | | MARYLAND | |
| Date of death 190 <i>9</i> | | Month <i>Apr</i> | | Day <i>1st</i> | | Age <i>—</i> | |
| Sex <i>Male</i> | | Color or Race <i>Colored</i> | | Birthplace <i>Falbot Co</i> | | Months <i>7</i> | |
| Occupation <i>—</i> | | | | Where Residing if not at place of death <i>—</i> | | | |
| Married, Single or Widowed <i>—</i> | | | | Name of Wife or Husband <i>—</i> | | | |
| Father's Name <i>Bates Tilghman</i> | | | | Father's Birthplace <i>Falbot Co</i> | | | |
| Mother's Maiden Name <i>Ida Price</i> | | | | Mother's Birthplace <i>" "</i> | | | |
| Name of person giving Information <i>Bates Tilghman</i> | | | | How related to deceased <i>Father</i> | | | |

CAUSES OF DEATH

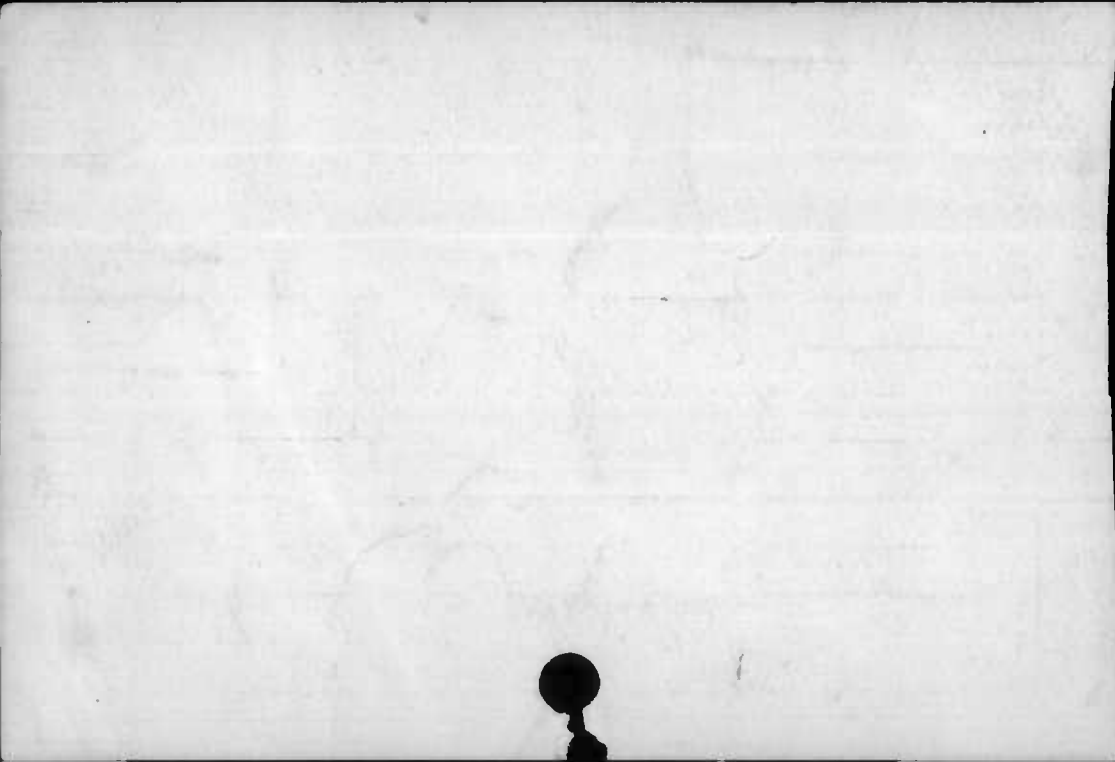
90

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Capillary Bronchitis</i> | How long <i>11 days</i> |
| Immediate <i>Exhaustion</i> | How long <i>4 days</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Chas. F. Davidson</i> |
| | Address <i>Easton Md.</i> |
| Accident or Suicide <i>—</i> | |



| | | | | | | | | | |
|--|--|--|----------------|--------------------------|-------|---|-------|----------------------|----|
| Name in Full | | Philip A Townsend | | | | CERTIFICATE OF DEATH | | | |
| TO BE ANSWERED BY NEAREST FRIEND | | Died at ^{Town} near Royal Oak | | ^{County} Talbot | | MARYLAND | | | |
| | | Date of death | 1909 | Month | April | Day | 27 | Age | 72 |
| | | Sex | | Male | | Color or Race | White | | |
| | | Birth place | near Royal Oak | | | Months | 6 | Days | 15 |
| | | Occupation | Hammer | | | Where Residing if not at place of death | | | |
| TO BE ANSWERED BY PHYSICIAN OR CORONER | | Married, Single or Widowed | | Married | | Name of Wife or Husband | | Elizabeth F Townsend | |
| | | Father's Name | | Henry Townsend | | Father's Birthplace | | near Royal Oak | |
| | | Mother's Maiden Name | | Elizabeth Boy | | Mother's Birthplace | | near Royal Oak | |
| | | Name of person giving information | | Darnest Townsend | | How related to deceased | | Son | |
| | | | | | | | | | |
| CAUSES OF DEATH | | | | | | | | | |
| PHYSICIAN OR CORONER | | Primary | | | | Valvular heart disease | | | |
| | | Immediate | | | | Heart failure | | | |
| | | Are the name, age, sex, color, date and place correctly given above? | | | | Yes | | | |
| | | Signature of Physician | | | | Address | | | |
| | | | | | | Accident or Suicide? | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Easton* Town *Talbot* County *MARYLAND*

Date of death 190 *9* Month *Apr* Day *19* Age *35* Years Months Days

Sex *Male* Color or Race *white* Birth-place *Talbot Co*

Occupation *Tobacco Salesman* Where Residing if not at place of death *Philadelphia Pa*

Married, Single or Widowed *Married* Name of Wife or Husband *Catherine Howard*

Father's Name *Joseph V. B. Wright* Father's Birthplace *Talbot Co. Md*

Mother's Maiden Name *Elizabeth Amelia Howard* Mother's Birthplace *Talbot Co. Md*

Name of person giving Information *Joseph Wright* How related to deceased *Brother*

CAUSES OF DEATH

119

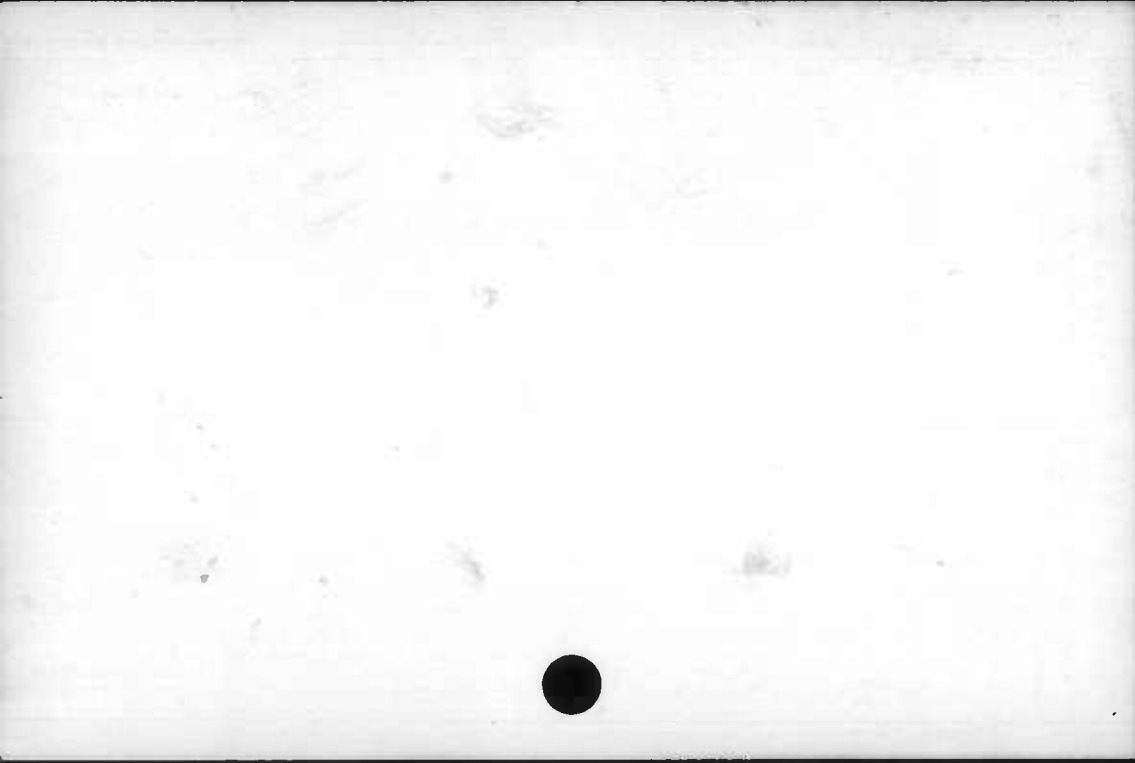
Primary *Nervous Exhaustion, General Break-down* How long *6 mos*

Immediate *acute nephritis* How long *2 wks*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Chas. F. Davidson*

Address *Easton, Md.*

Accident or Suicide



| | | | | | | | | |
|-------------------------------------|--|---------------|-----------------|-------------------------|-------------------------|----------------------|--------------|------|
| Name in Full | | Mr. known Man | | | | CERTIFICATE OF DEATH | | |
| TO BE ANSWERED BY NEAREST FRIEND | Died at | | Tilghman | | County | | MARYLAND | |
| | Date of death | | 1907 | Month | Day | Years | Months | Days |
| | Sex | | Male | | Color or Race | | White | |
| | Occupation | | | | Birth-place | | Unknown | |
| | Where Residing if not at place of death | | | | | | | |
| | Married, Single or Widowed | | Single | | Name of Wife or Husband | | | |
| | Father's Name | | History Unknown | | Father's Birthplace | | | |
| Mother's Maiden Name | | | | Mother's Birthplace | | | | |
| Name of person giving information | | | | How related to deceased | | | | |
| CAUSES OF DEATH | | | | | | | | |
| PHYSICIAN OR CORONER | Primary | | Found Drowned | | How long | | 172 | |
| | Immediate | | | | How long | | 13 m | |
| | Are the name, age, sex, color, date and place correctly given above? | | | | Signature of Physician | | A. K. Wilson | |
| | | | | | Address | | Tilghman Md | |
| | Accident or Suicide? | | | | | | | |

